PUBLIC RECORD Oregon State Legislature

Committee Services

WITNESS REGISTRATION

mmittee Name: House Agriculture and Natural Resources									
Public Hearing on: SB		Date: 5/9//3							
Please register if you wish to testify on the above named measure/issue. Please print legibly.									
Name and Organization <u>or</u> County of Residence		Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY			Yes	No	For	Against	Neutral	Yes	No
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